U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File N	lumber 0 - 25 03	7		2,113001	Year Covered From:			
	-				1/1/2	2005 Through	h: 12 / 31	2005
3. Name and address of person filing.				Name, file number, and address of labor organization.				
Name	ame Frank B Marhanka			Name Sheet Metal Workers' Local 268				
				Labor	Organization File Nu	ımber 013-6	56	
P.O. Box, Bldg., Room No., if any			P.O. Box, Building and Room Number, if any					
Street	2701 North 89th Street		Street 2701 North 89th Street					
City	Caseyville		City Caseyville					
State	Illinois	ZIP Code + 4	62232	State	Illinois		ZIP Code + 4	62232
5. Positio	on in labor organization.	Business Repres	sentative			ar et a stadioù a a a a a tra de arte arte et a tra a ant de arte et arte arte et arte arte et arte et arte ar	**************************************	
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Name of Person Filing Frank Marhanka	File Number U-								
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.									
8. Name and address of Business (including trade name, if any). Name Southern ILL. Sheet Metal Contractors'Org. Trade Name, if any: SISCO P.O. Box, Bldg., Room No., if any Street City Edwardsville State Illinois ZIP Code + 4 62025-3762	9. Business deals with: a. Labor Organization b. Trust c. Employer								
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. Southern Illinois Sheet Metal Contractors Organization installation of office dinner on 01/20/05								
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$0 12.a. Nature of interest held or income received. Recieved (2) dinners at Southern Illinois Sheet Metal Contractors' Organization installation of office at (\$50) Fifty Dollars per dinners for Frank Marhanka and spouse.								
	12.b. Amount. \$100								
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.									
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.								
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.b. Amount of payment.								
13.b. Is the Business an Employer or Consultant?	F-7								

Name of Person Filing Frank Marhanka	File Number U-							
Held an interest in or derived income or economic benefit with monetary value from a business (1) a stantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business on employer whose employees your labor organization represents or is actively seeking to represent, or any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise aling with your labor organization or with a trust in which your labor organization is interested.								
8. Name and address of Business (including trade name, if any).	9. Business deals with:	· restance						
Name Southern ILL. Sheet Metal Contractors'Org.	a. Labor Organization							
Trade Name, if any: SISCO	b. Trust							
P.O. Box, Bldg., Room No., if any	c. Employer	, control of the cont						
Street	Newsonand P P P							
City Edwardsville								
State Illinois ZIP Code + 4 62025-3762		9						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.							
Name	SPRING 2005 HVAC training class Sheet Metal Workers' (Journeys							
Trade Name, if any:	Pre-apprentice, Residential Spe Residential Trainee)	ecialist, and						
P.O. Box, Bldg., Room No., if any		THE PROPERTY OF THE PROPERTY O						
Street	11.b. Approximate dollar value of such dealing.	\$0						
City	12.a. Nature of interest held or income receive							
State ZIP Code + 4	Attended (4) four training sest dates: 01/09/05, 03/09/05, 05/	20/05 and 06/15/05.						
	Forty Dollars per session, Per							
	12.b. Amount.	\$160						
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.								
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.							
Name		Harmonia Commissione						
Trade Name, if any:		MRR Normal Company of Company						
P.O. Box, Bldg., Room No., if any		196						
Street		estricione international						
City		Marie						
State ZIP Code + 4								
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.							